



# ENTITY ANNUAL REPORT

Form E-1 (2-07)  
Prescribed by State Board of Accounts

**Note:** *The Entity Annual Report (Form E-1) is used to determine the audit requirements placed on your entity by IC 5-11-1-9. File report within thirty (30) days of the close of your entity's fiscal year end. Instructions for completing Form E-1 are included in the attached memorandum.*

STATE BOARD OF ACCOUNTS  
302 WEST WASHINGTON STREET  
ROOM E418  
INDIANAPOLIS, INDIANA 46204-2765

Telephone: (317) 232-2513  
Fax: (317) 232-4711  
Web Site: [www.in.gov/sboa](http://www.in.gov/sboa)

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Entity's Fiscal Year End  ____ Month ____ Day ____ Year	<b>OFFICE USE ONLY</b>
	SBA NO: _____ Audit Determination: ____ Complete ____ Waived

Legal Name:		Federal ID No:	
D/B/A:		Business Phone No: (   )	
Street Address:			
City:	County:	State:	Zip Code:
Name of Operating Officer:		Title:	
TYPE OF ORGANIZATION		LEGAL STATUS	
____ Corporation      ____ Association		____ For Profit	
____ Partnership      ____ Individual		____ Not-For-Profit	
FINANCIAL INFORMATION			
1. Government funds received during year (Detailed on Page 2)		\$ _____	
2. Government funds disbursed during year		\$ _____	
3. Entity's total disbursements (or expenditures) for the year		\$ _____	
4. Percent of government funds disbursed to entity's total disbursements (or expenditures) (Line 2 / 3)		_____ %	
This information is reported on the _____ cash basis _____ accrual basis.			
Is this the initial Form E-1 filing for the entity?    Yes _____    No _____			
CERTIFICATION: This is to certify that the data contained in this report is accurate to the best of my knowledge and belief.			
Signature: _____		Title _____	
Printed Name: _____		Date Signed: _____	

DETAIL OF GOVERNMENT FUNDS RECEIVED

List the government funds received during the year by agency, address, program title and amount received. Attach additional sheets if necessary.

GOVERNMENT AGENCY	ADDRESS	PROGRAM TITLE	AMOUNT RECEIVED

Date organization was founded: \_\_\_\_\_

Describe organization's purpose: \_\_\_\_\_

Describe organizational governing structure: \_\_\_\_\_

Have you ever been audited by an Independent Public Accountant (IPA)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what was the last fiscal year audited? \_\_\_\_\_

Name and address of IPA that conducted audit: \_\_\_\_\_